

Household ID

hhid- - - -

Household Contacts - Additional Attempts (A1)

Instructions: If Final Result Code = 1, complete questions 5-8 on this form, and complete question 9 and Household Members information on the original Household Composition (A1) form, starting with page 2.

Team ID:

1. Indicate the questionnaire that will be completed for this household: Immediate Extended

Additional Attempts to Survey Household			
	1	2	3
2. Date	dd <input type="text"/> <input type="text"/> MMM <input type="text"/> <input type="text"/> yy <input type="text"/> <input type="text"/>	dd <input type="text"/> <input type="text"/> MMM <input type="text"/> <input type="text"/> yy <input type="text"/> <input type="text"/>	dd <input type="text"/> <input type="text"/> MMM <input type="text"/> <input type="text"/> yy <input type="text"/> <input type="text"/>
2a. Time	hr <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> 24-hr clock	hr <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> 24-hr clock	hr <input type="text"/> <input type="text"/> min <input type="text"/> <input type="text"/> 24-hr clock
3. Staff ID	<input type="text" value="AHA1stid"/> <input type="text"/> <input type="text"/>	<input type="text" value="AHA2stid"/> <input type="text"/> <input type="text"/>	<input type="text" value="AHA3stid"/> <input type="text"/> <input type="text"/>
4. Result Code	<input type="text" value="AHA1rcod"/> If 5 or 6, complete Next Visit/Time.	<input type="text" value="AHA2rcod"/> If 5 or 6, complete Next Visit/Time.	<input type="text" value="AHA3rcod"/> Note: 5 is not a valid code for final attempt.
Result Code Key: 1 = members listed 2 = household refused 3 = household absent for extended period of time 4 = vacant/destroyed/not found/not residential 5 = postponed 6 = no one home			
Next Visit Date/Time	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Total number in household	<input type="text" value="AHAtnih"/>	6. Total eligible	<input type="text" value="AHAtelig"/>
		7. Total given PTID	<input type="text" value="AHAtgptd"/>

HOUSEHOLD PARTICIPATION

Instructions: Ask these questions of the head of the household or an adult member of the household who has information about the household to determine the household composition. For each eligible member of the household, complete all questions. Please do not leave any questions blank.

Interviewer reads:

Thank you for taking the time to speak with me about this study. We would like to first ask you some questions about your household and then I am going to ask you about household members.

Ngiyabonga kutsatsa sikhatsi sakho kukhuluma nami ngaluluholo. Ngitawucela kukubuta imibuto ngendlu yakakho kanye nalabo lopheka noma lodla nabo.

8. What is the main source of drinking water for members of your household? Mark only one.

Emanti leniwanatsako achamuka kuphi?

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> 8a. Piped into dwelling | <input type="checkbox"/> 8g. Protected spring | <input type="checkbox"/> 8l. Bottled water |
| <input type="checkbox"/> 8b. Piped yard/plot | <input type="checkbox"/> 8h. Unprotected spring | <input type="checkbox"/> 8m. Other, specify: <input type="text" value="AHAmstdwo"/> |
| <input type="checkbox"/> 8c. Public taps/standpipe | <input type="checkbox"/> 8i. Rainwater | <input type="text"/> |
| <input type="checkbox"/> 8d. Borehole | <input type="checkbox"/> 8j. Tanker truck | <input type="checkbox"/> 8n. DK/REF |
| <input type="checkbox"/> 8e. Protected well | <input type="checkbox"/> 8k. Surface water (river/dam/lake/ponds/stream/canal/irrigation channel) | |
| <input type="checkbox"/> 8f. Unprotected well | | |